

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4)

## Summary Sheet

INSTRUCTIONS: Please type or print legibly IN BLACK INK all infor assistance in completing this form, see instructions on the reverse sign	mation on this kind	9 (1)	FI	LE NUMBER
IS THIS AN AMENDMENT?	No Water Control of the Control of t		*	N ENTIRE CFA-4 REPO
	INO G		15	
Full Name of Co.	OMMITTEE INFORMA	TION		10
I. Full Name of Committee (as on Statement of Organization)				
Dillinger Election Committee  2. Acronym or Abbreviated Name (if any)	Check if this is	a new name		
<del></del>		3. C	ommittee Telephone N	umber
Mailing Address (address where all campaign finance corresponder N. Meridian St., Ste 101	Ondence is room in	(_31	7) 574-0700	
247 N. Meridian St., Ste 101  City, State, ZIP Code		X Check if th	is is a new address	
ndianapolis, In 46260		6 P	Orthy A SEE	
	_	Ren	arty Affiliation <i>(if applica</i> ublican	able)
CANDIDATE INFORM Full Name of Candidate (include any nickname)	ATION (For Candida	te's Commi	ttoos O to	
teven C. Dillinger		8 Da	ttees Only)	
Office Sought (Include district		Repu	arty Affiliation or If Indep Iblican	endent Candidate
Office Sought (Include district number, if any. Not required for amilton County Commissioner	exploratory committee	10.0		<del>-</del>
			ounty of Residence	
Check one:		Hami	lton	
- NOOK ONE.	RT		CONVE	NTION CANADA
Pre-Primary Pre-Election X Annual Nomination Other	_		Check o	NTION CANDIDATES OF
Final/Disbands Committee (lines 18, 19, and 20 must be "07.			Pre	ne: -Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Tree.  Reporting Period:	asurer (within 10 days amend Stat	ement of Organizat	ion) Pos	t-Convention
om: 1/01/09				Convention
	gh: 12/31/09		COLUMN A This Period	COLUMN B
Cash on hand and investments January 1, current year.	g period.		50,079.13	Year to Date
CONTRIBUTE			00,073.13	50.070
	IPTS			50,079.13
a. Itemized (use Schedule A)	en as cash contributions.,	)		
D. Unitemized			-0-	-0-
c. Add lines 15a and 15b in both columns			-0-	-0-
Add lines 13 and 15c in Column A and lines 14 and 15c in Colu		SUBTOTAL	-0-	-0-
EVELIDITATION		TOTAL	50,079.13	<del></del>
te. Triese amounts include in-kind exponditure				
("" Concable D) (Public Chestion: use O. I	nents.)			
			2,300.96	2 300 00
Add lines 17a and 17b in both columns			602.54	2,300.96 602.54
Cash on hand and investments at close of this reporting	7-1	SUBTOTAL	2,903.50	2,903.50
	rc from 16 in both columns)	TOTAL	47,175.63	
Debts OWED TO the committee (use Schedule E)			-0-	47,175.63
( The distribute E)			-0-	
IFICA	TION			
OF MY	NOWLEDGE AND BELIEF IT	IS TRUE COST	2507.445	FOR OFFICE USE ONLY
Title Tr	Basurer	IN TRUE, CORF	RECT AND COMPLETE.	
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<u> </u>	- <u>-</u> -		1/7//2 1	· ·
		/	17//b	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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FILE NUMBER	
Page1_ of _1	

octorio daring tre calendar ye	ear. Otherwise, this is optional	equired if an	_	
CONTRIBUTORIO	y puolidi.		Page1 c	of 1
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) 1.	TYPE OF CONTRIBUTION OR OTHER RECEIPT  Contributions: Direct In-Kind (describe)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)  Contributions:			
Contributor's Occupation (if required)	Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)  Other Receipts:			
Contributor's Occupation (if required)4.	Interest Loan Misc. (specify)  Contributions: Direct			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions:  Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Misc. (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A			_
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(Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet)	5-0-		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

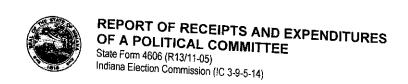
## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER	
Pag	e_1_ of 1	_

				Page _1 of	f_1
	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
1.		Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
		Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe)			
		Other Receipts:  Interest Loan  Misc. (specify)			
3.		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
4.		Contributions:  Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions:  Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
	SUBTOTAL	THIS PAGE OF SCHEDULE A	\$-0-		
	TOTAL OF ALL PAGES OF SCHEDULF	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$-0-		



#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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FILE NUMBER
Page _1 of _1

CONTRIBUTOR'S FULL NAME AND			Page _1	of 1
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	COLUMN B	DATE RECEIVED
	Contributions:  Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Misc. (specify)	-		
2.	Contributions: Direct In-Kind (describe)	-		
	Other Receipts:			
3.	Misc. (specify)  Contributions:			
	☐ In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:		-	
SUBTOTAL	Misc. (specify)  THIS PAGE OF SCHEDULE A	\$		
	A ON THE LAST PAGE ONLY	\$		
	———— <u></u>			



# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts
CHEDULE. Please type or

	· OLITICAL
INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON print legibly IN BLACK INK all information on this schedule. For assistance in completing this reverse side. This schedule is used to decument sentition.	Itemized Con
print legibly IN BLACK INK all information on this schedule. For assistance in completing this reverse side. This schedule is used to document contributions and receipts totaled on ITEM this schedule (over \$200, if regular party committees OVER \$100 per contributor, within a caction committees MUST be itemized on this schedule. All transfers-in and in-kind contributions is rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per committee). MUST be itemized on this schedule (over \$200 if regular party committee).	violetics, see instructions on the violetics of the Summary Sheet. All alendar year MUST be itemized on
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Page1 of1

o porty contained	<del>00</del> ).	schollar year,	_	
CONTRIBUTOR'S FULL NAME AND			age1 c	of 1
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	COLUMN B	DATE RECEIVED
	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Direct			VEGENTED BY
	In-Kind (describe)			
	(describe)			
	OH. T	-		
	Other Receipts:	ļ		
	Interest Loan			
,	Misc. (specify)			
2.				
	Contributions:	<u> </u>		İ
	Direct			
	☐ In-Kind (describe)			
	,=====			[
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
	Carlos (specify)			,
3.				
	Contributions:			
	Direct			
	In-Kind (describe)			[
	_ ´			
	Other Receipts:			
	Interest Loan		r	
	Misc. (specify)			
	strippedity)			
4.				
	Contributions:			
	Direct			
	In-Kind (describe)			
				Î
	Other Receipts:			
	☐ Interest ☐ Loan		-	
	Misc. (specify)			
5.		_		
	Contributions:			
			ļ	
	In-Kind (describe)			
	Other Receipts:	ŀ		
	Interest Loan			
	Misc. (specify)			
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The state of the s	A CAL TILE	<u>-</u>		
total dil 111	EM 15a of the Summary Sheet)	\$-0-		



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#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all document contributions and receipts totaled on ITEM 15a of the Summary Sheet All cumulative contributions from other entities OVER and in-kind contributions, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, party committee).

FILE NUMBER
FILE NUMBER
Page1 of _1

party committee). OVER \$100 per contributor, within a calendar	ments, retunds, rebates, returns of deposit, pi year, MUST be itemized on this schedule (c	Oceeds from sales		
CONTRIBUTORS FU		vei \$200 ii regular	1	of 1
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION	COLUMN		_ 011
(Street, number, city, state, 717)	OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
1. Sily, State, ZIP code)	Contributions	PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
	Direct		- IN-TO-DATE	
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan Misc. (specify)			
	Misc. (specify)			
2.				
	Contributions:  Direct			
	In-Kind (describe)		  -	
	- (2000/100)			
	Other Receipts:	-		
	Interest Loan			
	Misc. (specify)			
3.				
	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Loan			
	Misc. (specify)			
4.				
	Contributions;			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Interest Loan		-	
	Misc. (specify)			
			į	
	Contributions:			
	☐ Direct			
	In-Kind (describe)			
	044			
	Other Receipts:  Interest Loan		-	
	Misc. (specify)			
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SUBTOTAL	THIS PACE OF THE			1
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	THIS PAGE OF SCHEDULE A	\$-0-		
(Enter total on ITI	M 159 OF 45 - O	\$ 0		
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## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER	
Page1 of _1	_

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION TYPE OF EVERY			Page1 of _1	
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	om OSE (be specific)	ANGUNE	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITUR
Whites Meat Store Tipton, In.	Butcher-meat for campaign party  Commissioner	Payment of Debt  Returned Contribution	259.06	259.06	6/05/09
Code		Other Purpose:			
Renee Dillinger	Reimbursement -food Campaign party	xDirect ☐ In-Kind ☐ Payment of Debt	374.90	374.90	6/08/09
Noblesville, In.	Commissioner	Returned Contribution Other Purpose:			
Citizens for Buck 4407 McKibben Dr. Kokomo, In	Campaign Contribution Political	x Direct  ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other	200.00	200.00	7/15/09
Code	Dues	Purpose:  X Direct In-Kind	240.00		
	Commissioner	Payment of Debt Returned Contribution Other Purpose:	210.00	210.00	8/19/09
Scott Baldwin for Sheriff Noblesville In	Campaign Contribution	X Direct  In-Kind  Payment of Debt  Returned Contribution	1000.00	1000.00	8/18/09
	Political	OtherPurpose:			
ndiana Parks Assn		X Direct In-Kind	125.00	125.00	9/16/09
Cicero, In	oominissioner	Returned Contribution Other Purpose:			
loblesville Postmaster loblesville, In.		X direct  In-Kind Payment of Debt Returned Contribution	132.00	132.00	12/05/09
	SUPTOTAL	OF SOUTH			
TOTAL OF ALL PAGE			\$2300.96		
	(Enter total on ITEM 17a of the	Summary Sheet)	\$2300.96		



# (CFA\_4 SCHEDIII E O

(CFA-4 SCHEDULE C)	
TEMIZED EXPENDITURES	_
For Public Questions	J

ITCRAITCE COLLEDULE C)
ITEMIZED EXPENDITURES
For Public Questions
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.		For P	FILE NUMBER			
Enter Text of Public Question	PUBLIC QUEST	ION INFORMATION	F	Page _1 of _1		
Position:	Local sed					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	AMOUNT THIS	COLUMN B CUMULATIVE	DATE OF	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	PERIOD	YEAR-TO-DATE	EXPENDITURE	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
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(E	inter total on ITEM 17a of t	LAST PAGE ONLY the Summary Sheet)	\$-O-			



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# (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER	
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Page _1 of _1	

CREDITOR'S OR LENDER'S NAME	FUC	Page _1 of _1			
& MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	RALANCE THE
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
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# (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER	
Page1 of _1	

BORROWER'S NAME			_	Page1	_ of _1
& MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE D	EBT CUMULATIV	E OUTSTANDING
	, my, state, 217 code)	NATURE OF DEBT	INCUR	RED PAID YEAR-TO-DA	DALAMORTIN
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	TOTAL OF ALL	PAGES OF SCHEDULE	THIS PAGE	OF SCHEDULE E	\$-0-
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